

October 8, 2020

Mr. John Barsa
Acting Administrator, U.S. Agency for International Development
Ronald Reagan Building
1300 Pennsylvania Avenue N.W.
Washington, D.C. 20523

Dear Acting Administrator Barsa:

As we approach World Mental Health Day on October 10, I write to urge USAID to prioritize Mental Health and Psychosocial Support (MHPSS) for children in adversity and their caregivers affected by the COVID-19 pandemic. Mental health is critical to a healthy and happy family and childhood. Trauma suffered early in life can manifest well into adulthood, impacting an individual's relationships and coping mechanisms.

The COVID-19 pandemic has exacerbated stressors and trauma for vulnerable families, children and adolescents all over the world, triggering mental health issues that may follow into adulthood. However, this is not a new problem. Prior to COVID-19, one billion children around the world experienced physical, sexual or emotional abuse, according to USAID.¹ Up to 20 percent of adolescents currently experience diagnosable mental health conditions, and children with disabilities experience the highest levels of abuse and neglect.²

COVID-19 has disrupted lives and increased hardships for parents, negatively impacting their ability to care for children. Since the pandemic shut down schools, daycares, and in-person social services, children are living with elevated stress in households and have been increasingly vulnerable to online exploitation as dependence on online education and recreation has grown. According to preliminary data collected since the pandemic began, 89 percent of households have reported a negative impact on access to healthcare and medicine; more than 80 percent of children reported learning loss; and physical or emotional violence occurred in nearly one third of households.³ Although we are still learning the true scope of COVID-19's impact on child and caregiver mental health, these early statistics indicate that there will be significant work to do to ensure positive mental health outcomes around the world post-pandemic.

¹ <https://www.childreninadversity.gov/docs/default-source/default-document-library/apcca-strategy-final-web.pdf?sfvrsn=4>

² UNICEF World Mental Health Day report

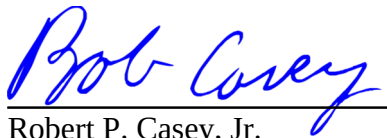
³ https://resourcecentre.savethechildren.net/node/18218/pdf/vr59-01_protect_a_generation_report_en_0.pdf

Accordingly, MHPSS interventions for children, adolescents and their families during the COVID-19 pandemic and beyond must be mainstreamed across all sectors and, through the involvement of affected communities, integrated into existing community structures, national systems and coordination mechanisms in order to secure access to services and reduce potential stigma and discrimination for all those seeking care and support, regardless of age, gender, disability or diversity. Continued investment in community-based MHPSS and integration of MHPSS across sectors, including nutrition, global health, education and child protection programming are critical to the futures of our children.

Despite these significant needs, there is a lack of clarity in terms of the U.S. government's approach or strategy to ensure adequate financing, integration, and prioritization of MHPSS assistance, which has resulted in programming gaps. Increased transparency and reporting on U.S. programming and the development of a clear strategy on cross-sectoral coordination is critical to ensure MHPSS is appropriately prioritized across responses.

As such, I urge USAID to continue to pursue positive MHPSS outcomes for children in adversity through its Advancing Protection and Care for Children in Adversity strategy that prioritizes investment in early childhood development and critical outcomes in health and nutrition; nurturing, protective and permanent family care; and prevention, protection and response interventions against violence and abuse. I stand ready to support USAID's work on MHPSS to children in adversity.

Sincerely,



Robert P. Casey, Jr.
United States Senator